



May 31, 2007

689959

Dr. Mark Godley
Director
False Creek Surgical Centre
6th Floor, 555 W 8th Ave
Vancouver BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Plan (MSP) has received information indicating insured services were provided at your clinic to a MSP beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedure:
Date of service:
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the *Act*) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The *Act* establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the *Act*, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the *Act* regulations or by the Commission.

There are a range of options available to the MSC in the event of a contravention of section 17. Some of these powers pertain only to physicians. However, the Lieutenant Governor in Council has recently proclaimed in effect, new powers under the *Act* which allow the MSC to audit the business practices of persons who carry on a business, and who the MSC believes have contravened the prohibition on extra billing. Additionally, the MSC may apply to the Supreme Court for an injunction restraining a person from contravening section 17.

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- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} appear to have been benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the *Act* are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the MSC for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

Phyllis Chuly
Executive Director
Medical Services Division

^{s22} Executive Director - MSB\Guidelines and Priority Projects\Priority Projects\Extra Billing^{s22} Correspondence
Clinic Follow Up Letter.doc



May 8, 2007

687649

Dr. Mark Godley, Medical Director
False Creek Surgical Centre
6th Floor – 555 West 8th Avenue
Vancouver BC V6H 4B1

Dear Dr. Godley:

I am writing to you as Chair of the Medical Services Commission about reports received by the Commission concerning possible extra-billing taking place at the False Creek Surgical Centre. I wish to explore these reports with you in the hope of resolving these concerns in an informal manner.

As you may be aware, the Commission is constituted under the *Medicare Protection Act* and is responsible for the administration of the Act and the Medical Services Plan. The Commission's function is to facilitate reasonable access to quality medical care, health care and diagnostic facility services for residents of British Columbia. The purpose of the Act is to preserve a publicly managed and fiscally sustainable health care system for British Columbia in which access to necessary medical care is based on need and not on an individual's ability to pay. To that end, the Act prohibits a person from charging a beneficiary for a benefit or for materials, consultations, procedures, the use of an office, clinic or other place or for any other matters that relate to the rendering of a benefit (extra-billing). The Commission was recently given new powers to permit it to administer the prohibition of extra-billing more effectively. In particular, the Act now allows the Commission to audit both practitioners and clinics who may have extra-billed beneficiaries. The Act also permits the Commission to seek an injunction restraining a person from extra-billing.

Over the years, as you know, the Commission has received complaints and reports of alleged extra-billing at the False Creek Surgical Centre. In some cases the Commission sought and achieved the reimbursement of fees that were improperly charged to beneficiaries. However, some complaints have not been resolved and complaints and reports of alleged extra-billing have continued. Based on the information currently available to the Commission, it appears that the False Creek Surgical Centre may have improperly charged beneficiaries for a number of services which are benefits under the Act or for matters in relation to benefits under the Act including:

- Colonoscopy
- Temporal artery biopsy
- Sinus surgeries
- Bilateral mastectomy/reconstruction

.../2

- Consult and laminectomy
- Carpal tunnel release
- Back surgery
- Surgical consults
- Discectomies

The Commission will be considering what, if any, further steps should be taken under the Act regarding the False Creek Surgical Centre at its meeting of May 30, 2007. The Commission would like to offer you an opportunity to present your perspective on these issues before it makes any decisions about this. Accordingly, we would appreciate receiving a written reply by May 25, 2007.

Sincerely,

ORIGINAL SIGNED BY

Tom Vincent
Chair
Medical Services Commission

pc: Members of the Medical Services Commission

Blakes

Blake, Cassels & Graydon LLP
Barristers & Solicitors
Patent & Trade-mark Agents
595 Burrard Street, P.O. Box 49314
Suite 2600, Three Bentall Centre
Vancouver BC V7X 1L3 Canada
Tel: 604-631-3300 Fax: 604-631-3309

May 22, 2007

VIA FACSIMILE

PETER L. RUBIN
Dir: 604-631-3315
peter.rubin@blakes.com

Reference: 94998/2

Medical Services Commission
Office of the Chair
3-1, 1515 Blanshard Street
Victoria, BC V8W 3C8

Attention: Tom Vincent

Re: False Creek Surgical Centre

Dear Sir:

We are the solicitors for the False Creek Surgical Centre ("FCSC") and have been provided with a copy of your letter of May 8, 2007 addressed to Dr. Mark Godley. Our client takes this matter very seriously and has every intention of being cooperative.

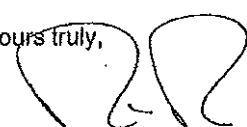
FCSC shares your view that any issues raised should be explored and resolved in an informal matter. As you can imagine, it is impossible for our client to address the issues raised in your letter, or provide any sort of meaningful response, given no details have been provided. You state in your letter that "based on the information currently available to the Commission, it appears that FCSC may have improperly charged beneficiaries for a number of services." Your correspondence does not disclose this information. As such, FCSC is unaware of the allegations and is unable to respond.

We ask that FCSC be provided with the "information currently available to the Commission" including, at a minimum, patient names, dates and procedures. Without this information FCSC cannot respond to your letter; commence a review; or defend itself.

We understand the Commission will be considering what, if any, further steps should be taken at its meeting of May 30, 2007. In our view this matter cannot be dealt with on that date given the issues described above.

We look forward to receiving your reply so that this matter can be reviewed and responded to by our client. Thank you for your attention to this matter.

Yours truly,


Peter L. Rubin

PLR/ajj
cc: Dr. Mark Godley

50563571.2

Blake, Cassels & Graydon LLP is a limited liability partnership under the laws of Ontario

MONTREAL OTTAWA TORONTO CALGARY VANCOUVER NEW YORK CHICAGO LONDON BEIJING blakes.com



May 30, 2007

Peter L. Rubin
Blake, Cassels & Graydon LLP
Barristers and Solicitors
Suite 2600 – 595 Burrard Street
Vancouver BC V7X 1L3

Dear Mr. Rubin:

Re: False Creek Surgical Centre

Thank you for your letter dated May 22, 2007 on behalf of your client, the False Creek Surgical Centre.

As requested, attached to this letter are further details respecting the complaints received in respect of fees charged to beneficiaries, which appear to have been charged contrary to section 17 of the *Medicare Protection Act*.

The Commission is concerned to know your client's response to these specific complaints, but is also seeking general information respecting the business model of the Centre. As suggested in my earlier letter, we are particularly interested to know whether the business model at the Centre involves charging beneficiaries fees for, or in relation to, insured services under the Act.

For example, it is apparent based on the Centre's website, that your client provides a wide range of surgical procedures which would be benefits under the Act, if provided by enrolled practitioners to beneficiaries. Also, the complaints received to date suggest that in the past, some beneficiaries have been charged fees for, or in relation to, surgeries which are insured services under the Medical Services Plan.

Our intention in writing to you at this time is to give your client an opportunity to explain its business model and the rationale behind the fees charged which have given rise to the noted complaints, without the need to invoke the formal audit powers under the Act. In this regard, it would be helpful if you could provide the Commission with a description of the Centre's business model and an explanation of fees which have been and are apparently being charged by the Centre.

Sincerely,

ORIGINAL SIGNED BY

Tom Vincent
Chair
Medical Services Commission

Attachment

False Creek Surgical Centre Patient Charges Report

| Patient Name: | Procedure: | Date of Service: | Patient Charges: |
|---------------|------------|------------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
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| 16 | | | |
| 17 | | | |
| 18 | | | |

S22

Cases to: May 2007

Prepared by: Medical Services Branch, Ministry of Health



January 3, 2008

693302

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver, BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Plan (MSP) has received information indicating insured services were provided at your clinic to a MSP beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

s22

Beneficiary:

PHN:

Procedure:

Date of Service:

Amount Paid by Beneficiary: s22

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Ministry of Health

Medical Services Branch

Medical Services Division

3-1, 1515 Blanshard Street
Victoria BC V8W 3C8
Telephone: 250 952-1706
Facsimile: 250 952-3133

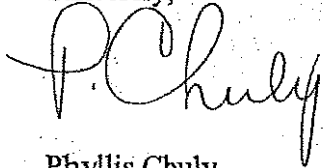
- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} were benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the *Act* are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,



Phyllis Chuly
Executive Director
Medical Services Branch



April 16, 2008

722472

Dr. Mark Godley, Medical Director
False Creek Surgical Centre
6th Floor – 555 West 8th Avenue
Vancouver BC V6H 4B1

Dear Dr. Godley:

I am writing to you as Chair of the Medical Services Commission. As you may be aware, the Commission is constituted under the *Medicare Protection Act* and is responsible for the administration of the Act and the Medical Services Plan (MSP). The Commission's function is to facilitate reasonable access to quality medical care, health care and diagnostic facility services for residents of British Columbia. The purpose of the Act is to preserve a publicly managed and fiscally sustainable health care system for British Columbia in which access to necessary medical care is based on need and not on an individual's ability to pay.

The Act prohibits a person from charging a beneficiary for a benefit or for materials, consultations, procedures, the use of an office, clinic or other place or for any other matters that relate to the rendering of a benefit (extra-billing). The Commission was recently given new powers to permit it to administer the prohibition of extra-billing more effectively. In particular, the Act now allows the Commission to audit both practitioners and clinics who may have extra-billed beneficiaries. The Act also permits the Commission to seek an injunction restraining a person from extra-billing.

The Commission also has the general power to make inquiries of physicians providing insured services and of persons who own, manage or operate businesses where MSP services are provided.

I am writing about a complaint that was referred to the Commission by the Medical Services Branch of the Ministry of Health. The complaint was^{s22}
s22 The Commission has been advised by the Branch
that, on^{s22} performed a^{s22} on^{s22} at
the False Creek Surgical Centre. We have also been advised that the Centre charged^{s22}
s22 the sum of^{s22} in relation to this surgery, and that^{s22} paid this amount
to the Centre. s22 billed the Medical Services Plan for the surgery and was paid by the
Plan. s22 has advised that^{s22} received no payment^{s22} from^{s22} in connection
with this surgery. The Medical Services Branch has written to you about this matter, but has
never received a response.

.../2

It would appear that the fees charged to ^{s22} are for or in relation to benefits under the *Medicare Protection Act*, and therefore prohibited under section 17 of the Act. As described above, the Commission has a legal duty to ensure that the business arrangements at your surgical clinic comply with the Act and will, if necessary, invoke its new powers to do so.

The Commission would like to offer you an opportunity to present your position in writing on this issue before it decides what further, if any, action is necessary. Accordingly, we request the courtesy of your reply no later than May 16, 2008, and remind you that, under section 15 of the *Medicare Protection Act*, it is a potential ground for de-enrolment for a physician to refuse to reply in good faith to a communication from the Commission.

Thank you in advance for your cooperation. I look forward to your reply.

Sincerely,

ORIGINAL SIGNED BY

Tom Vincent
Chair
Medical Services Commission

Fasken Martineau DuMoulin LLP *
Barristers and Solicitors
Patent and Trade-mark Agents

www.fasken.com

2900 - 550 Burrard Street
Vancouver, British Columbia, Canada V6C 0A3

604 631 3131 Telephone
604 631 3232 Facsimile

**FASKEN
MARTINEAU** 

D. Geoffrey Cowper
Direct 604 631 3185
Facsimile 604 632 3185
gcowper@fasken.com

May 16, 2008
File No.: 275861.00001/14273

VIA FACSIMILE

Medical Services Commission
3-1, 1515 Blanshard Street
Victoria, B.C. V8W 3C8

Attention: Tom Vincent
Chair

Dear Sirs/Mesdames:

Re: False Creek Urgent Care Centre


We have been asked to assist Dr. Godley with respect to the concern raised in your letter of April 16, 2008 in relation to extrabilling.

I want to assure you that Dr. Godley and the False Creek Surgical Centre are taking this matter seriously. However, we have not yet completed our investigations, and we will not be in a position to respond to your letter for a week or 10 days.

We ask that the Commission not take any steps with respect to this matter until we have provided you with our considered response.

Yours truly,

FASKEN MARTINEAU DuMOULIN LLP



D. Geoffrey Cowper

DGC/WSM/jb

DM_VAN/275861-00001/6858563.1

*Fasken Martineau DuMoulin LLP is a limited liability partnership and includes law corporations

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Toronto

Ottawa

Montréal

Quebec City

London

Johannesburg

New York

Fasken Martineau DuMoulin LLP *
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Patent and Trade-mark Agents

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Vancouver, British Columbia, Canada V6C 0A3

604 631 3131 Telephone
604 631 3232 Facsimile

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**FASKEN
MARTINEAU** 

D. Geoffrey Cowper
Direct 604 631 3185
Facsimile 604 632 3185
gcowper@fasken.com

May 21, 2008
File No.: 275861.00001/14273

VIA FACSIMILE

Medical Services Commission
3-1, 1515 Blanshard Street
Victoria, B.C. V8W 3C8

Attention: **Tom Vincent**
Chair

Dear Sirs/Mesdames:

Re: **False Creek Surgical Centre**

Further to my letter of May 16, 2008, we have now had an opportunity to consider the issue concerning^{s22} that you raised in your letter of April 16, 2008.

We can confirm that^{s22} had surgery at False Creek Surgical Centre (the "Centre") on^{s22} performed by^{s22} We enclose a copy of the Lifestyle Choice Acknowledgement and Waiver of Medical Services Plan Coverage form signed by^{s22} on that date, confirming that the surgery in question was not medically necessary in the time frame requested.

We can also confirm that a fee in the amount of^{s22} was paid to the Centre. The Centre paid^{s22} of this to^{s22}

We understand that^{s22} has agreed to repay the amount^{s22} billed to MSP for this surgery.

DM_VAN/275861-00001/6860035.1

* Fasken Martineau DuMoulin LLP is a limited liability partnership and includes law corporations.

Vancouver

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Ottawa

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Québec City

London

Johannesburg

HTH-2012-00093
Page 13

**FASKEN
MARTINEAU** 

Page 2

s22 If there is any other information you require in relation to this surgery or in relation to the Centre will be happy to cooperate in providing that information to you.

Yours truly,

FASKEN MARTINEAU DuMOULIN LLP

D. Geoffrey Cowper

DGC/WSM/bb



The Best Place on Earth

January 30, 2008

671846

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary:

s22

PHN:

Procedure:

Date of service:

Amount Paid by Beneficiary: s22

YB CHARGE JAN 30 2008

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission, MSP pays for insured medical services (benefits) provided to residents of British Columbia.

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.../2

Ministry of Health

Medical Services Branch

Medical Services Division

3-1, 1515 Blanshard Street
Victoria BC V8W 3C8
Telephone: 250 952-1706
Facsimile: 250 952-3133

- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} were benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY

Phyllis Chuly
Executive Director
Medical Services Branch

bpc: Paddy Thistle, Benefit Services, HIBC

7:\Executive Director - MSB\Guidelines and Priority Projects\Priority Projects\Extra Billing ^{s22} Correspondence ^{s22}
^{s22} Dr. Godley Clinic Ltr.doc



November 6, 2008

722913

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver, BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedure:
Date of Service: s22
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission, MSP pays for insured medical services (benefits) provided to residents of British Columbia.

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Ministry of Health Services

Medical Services Branch

Medical Services Division

3-1, 1515 Blanshard Street
Victoria BC V8W 3C8
Telephone: 250 952-1706
Facsimile: 250 952-3133

- 2 -

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In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY:

Phyllis Chuly
Executive Director
Medical Services Branch

bpc: Paddy Thistle, Benefit Services, HIBC
Mary Falconer, Legal Services, Attorney General

N:\Executive Director - MSB\Guidelines and Priority Projects\Priority Projects\Extra Billing
False Creek Surgical).doc ^{s22}



November 13, 2008

755851

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver, BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
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Ministry of Health Services

Medical Services Branch

Medical Services Division

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Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY:

Phyllis Chuly
Executive Director
Medical Services Branch

bpc: Mary Falconer, Legal Services Branch, Attorney General
Paddy Thistle, Benefit Services, HIBC

MSB executive director / Extra billing ^{s22}
BCNU / Victory Square

(False Creek Surgical)



November 21, 2008

757426

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver, BC V5Z 1C6

Dear Dr. Godley:

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Procedure:
Date of Service:
Amount Paid by Beneficiary^{s22}

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Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY:

Phyllis Chuly
Executive Director
Medical Services Branch

bpc: Paddy Thistle, Benefit Services, HIBC
Mary Falconer, Legal Services, Ministry of Attorney General

MSB ExDir/Priority Projects/Extra billing ^{s22}

Falser Creek)



February 10, 2009

767863

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver, BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

s22

Beneficiary:

PHN:

Procedure:

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There are a range of options available to the MSC in the event of a contravention of section 17. Some of these powers pertain only to physicians. However, the Lieutenant Governor in Council has recently proclaimed in effect, new powers under the Act which allow the MSC to audit the business practices of persons who carry on a business, and who the MSC believes have contravened the prohibition on extra billing. Additionally, the MSC may apply to the Supreme Court for an injunction restraining a person from contravening section 17.

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Ministry of Health Services

Medical Services Branch

Medical Services Division

3-1, 1515 Blanshard Street
Victoria BC V8W 3C8
Telephone: 250 952-1706
Facsimile: 250 952-3133

- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} were benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the MSC for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY:

Phyllis Chuly
Executive Director
Medical Services Branch

bpc: Paddy Thistle, Benefit Services, HIBC
Mary Falconer, Legal Services Branch, MAG
Marilyn Makcrow, Billing Integrity Branch – AIC

N:\Executive Director - MSB\Guidelines and Priority Projects\Priority Projects\Extra Billing ^{s22}
^{s22}



January 5, 2009

762343

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver, BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedure:
Date of Service:
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission, MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the Commission.

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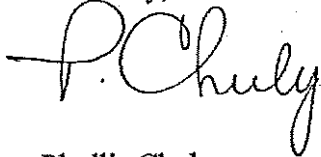
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In view of the fact that the services received by ^{s22} on ^{s22} appear to have been benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,



Phyllis Chuly
Executive Director
Medical Services Branch



VIA COURIER - POD

PERSONAL AND CONFIDENTIAL

March 5, 2009

File: 40920-20/False Creek

False Creek Surgical Centre Inc.
1700 - 1075 West Georgia Street
Vancouver BC V6E 3C9

Attention: Dr. Mark Godley, President

Dear Dr. Godley:

This letter is to inform you that the Medical Services Commission (MSC), through its Audit and Inspection Committee (AIC), has authorized an on-site audit of the billing and business practices of False Creek Surgical Centre Inc. The AIC has requested that the Billing Integrity Program of the Ministry of Health Services arrange for this inspection to be carried out. The Billing Integrity Program will be in contact with you in the near future.

The MSC, in accordance with section 36 (2) of the *Medicare Protection Act*, Part 7, Audit and Inspection, is authorized to conduct audits of:

the billing or business practices of persons who own, manage, control or carry on a business for profit or gain and, in the course of the business, direct, authorize, cause, allow, assent to, assist in, acquiesce in or participate in the rendering of a benefit to beneficiaries by practitioners, and...

the billing or business practices of persons who own, manage, control or carry on a business for profit or gain and who the commission on reasonable grounds believes

(i) in the course of the business, direct, authorize, cause, allow, assent to, assist in, acquiesce in or participate in the rendering of a benefit to beneficiaries by practitioners,
or

(ii) have contravened section 17, 18, 18.1 or 19.

The AIC is a committee with representation from the British Columbia Medical Association, the College of Physicians and Surgeons of British Columbia, the Public and the Government.

... 2

Ministry of Health
Services

Audit and Inspection Committee
(A Committee of the Medical Services Commission)

Medical Services Commission
1515 Blanshard Street
Victoria BC V8W 3C8

HTH-2012-00093
Page 27

Physicians associated with False Creek Surgical Centre Inc. will be notified by the AIC under separate cover of the intent to audit as set forth herein. In the notification, they will be informed that in the course of this audit medical records relating to services which they have performed for patients of False Creek Surgical Centre Inc. may be reviewed and copied as audit evidence.

Please be advised that the British Columbia Medical Association can provide you with more information and support. You may wish to contact Juanita Grant, Manager of Professional Relations at (604) 638-2829. You may also wish to contact the Canadian Medical Protection Association.

Thank you for your anticipated cooperation.

Sincerely,



Robin Hutchinson, MDCM, FRCP, FRCPC
Chair
Audit and Inspection Committee

pc: Chair, Patterns of Practice Committee
British Columbia Medical Association

Registrar, College of Physicians and Surgeons of BC

David Anderson, Director
Audit and Investigations Branch

K:\MSP Audit\Audit Files\Surgical Centres\False Creek\False Creek AIC NOTIFICATION.doc



June 12, 2009

781794

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver, BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: ^{s22}
PHN:
Procedure:
Date of Service: ^{s22}
Amount Paid by Beneficiary: ^{s22}

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the Commission.

There are a range of options available to the MSC in the event of a contravention of section 17. Some of these powers pertain only to physicians. However, the Lieutenant Governor in Council has recently proclaimed in effect, new powers under the Act which allow the MSC to audit the business practices of persons who carry on a business, and who the MSC believes have contravened the prohibition on extra billing. Additionally, the MSC may apply to the Supreme Court for an injunction restraining a person from contravening section 17.

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Ministry of Health Services

Medical Services Branch

Medical Services Division

3-1, 1515 Blanshard Street
Victoria BC V8W 3C8
Telephone: 250 952-1706
Facsimile: 250 952-3133

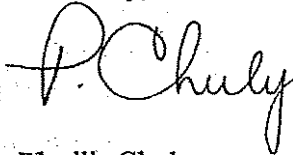
- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} were benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

^{s22} In light of this information, I ask that you review the details of the services provided to as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the MSC for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,



Phyllis Chuly
Executive Director
Medical Services Branch



VIA COURIER

PERSONAL AND CONFIDENTIAL

File: 40920-20/False Creek

April 14, 2009

False Creek Surgical Centre Inc.
1700 - 1075 West Georgia Street
Vancouver BC V6E 3C9

Attention: Dr. Mark Godley, President

Dear Dr. Godley:

I am writing further to Dr. Hutchinson's letter of March 5, 2009. Dr. Hutchinson informed you that the Medical Services Commission, through its Audit and Inspection Committee (AIC), has authorized an audit of the billing and business practices of False Creek Surgical Centre Inc. The AIC also requested that the Billing Integrity Program (BIP) of the Ministry of Health Services arrange for this inspection to be carried out.

For your information the audit will focus upon, but will not be limited to the following issue:

- "Extra Billing", i.e., charging beneficiaries for insured services contrary to section 17 of the *Medicare Protection Act* (the Act).

The BIP audit team will be comprised of three Inspectors appointed under section 36(2) of the *Act*. The three inspectors will include a physician who will review the clinical records; a Senior Auditor from the BIP who will examine billing procedures and business practices; and an Audit Assistant from the BIP who will assist in organizing medical charts and copying clinical records on the instructions of the medical inspector.

Prior to the on-site phase of the audit, a member of the audit team will be contacting you to arrange dates and to discuss the audit process, documentation required and other matters related to the audit. The on-site portion of the audit usually takes two to three days to complete.

.../2

- 2 -

Please feel free to contact Mr. Wes Zetaruk, Senior Audit Manager, BIP, at 1-250-387-1549 if you have any questions regarding the upcoming audit.

Sincerely,



David Anderson
Director
Audit and Investigations Branch

pc: Chair, Patterns of Practice Committee
British Columbia Medical Association

Chair, Medical Services Commission

Robin Hutchinson, MDCM, FRCP, FRCPC
Chair
Audit and Inspection Committee



August 6, 2009

793011

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver BC V6H 4B1

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

s22

Beneficiary:

PHN:

Procedure:

s22

Date of Service:

Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

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...2

Ministry of Health Services

Medical Services Branch

Medical Services Division

3-1, 1515 Blanshard Street
Victoria BC V8W 3C8
Telephone: 250 952-1706
Facsimile: 250 952-3133

- 2 -

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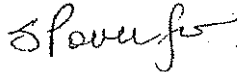
In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY:

Phyllis Chuly
Executive Director
Medical Services Branch



bpc: Paddy Thistle, Benefit Services, HIBC
Mary Falconer, Legal Services Branch, Attorney General
Anne Silsbe, Legal Services Branch, Attorney General

N:\Executive Director - MSB\Guidelines and Priority Projects\Priority Projects\Extra Billing^{s22}
^{s22} doc



January 26, 2010

Dr. Mark Godley, Medical Director
False Creek Surgical Centre
6th Floor - 555 West 8th Avenue
Vancouver BC V6H 4B1

Dear Dr. Godley:

I am writing to you as Chair of the Medical Services Commission. As you may be aware, the Commission is constituted under the *Medicare Protection Act* and is responsible for the administration of the Act and the Medical Services Plan (MSP). The Commission's function is to facilitate reasonable access to quality medical care, health care and diagnostic facility services for residents of British Columbia. The purpose of the Act is to preserve a publicly managed and fiscally sustainable health care system for British Columbia in which access to necessary medical care is based on need and not on an individual's ability to pay.

The Act prohibits a person from charging a beneficiary for a benefit or for materials, consultations, procedures, the use of an office, clinic or other place or for any other matters that relate to the rendering of a benefit (extra-billing). As you are aware, the Act now allows the Commission to audit both practitioners and clinics who may have extra-billed beneficiaries. The Act also permits the Commission to seek an injunction restraining a person from extra-billing. The Commission also has the general power to make inquiries of physicians providing insured services and of persons who own, manage or operate businesses where MSP services are provided.

I am writing about a complaint that was referred to the Commission by the Medical Services Branch of the Ministry of Health Services. The complaint was made by^{s22} who advised the Branch that^{s22} paid False Creek Surgical Centre^{s22} for an^{s22} by^{s22} on^{s22} and an additional^{s22} on the same date for a^{s22} ^{s22} We understand that^{s22} did not bill MSP for these services.

The Medical Services Branch has written to you about this matter, but has never received a response.

It would appear that the fees charged to^{s22} are for or in relation to benefits under the *Medicare Protection Act*, and therefore prohibited under section 17 of the Act. As described above, the Commission has a legal duty to ensure that the business arrangements at your surgical clinic comply with the Act and will, if necessary, invoke its powers to do so.

.../2

The Commission would like to offer you an opportunity to present your position in writing on this issue before it decides what further, if any, action is necessary. Accordingly, we request the courtesy of your reply no later than February 19, 2010, and remind you that, under section 15 of the *Medicare Protection Act*, it is a potential ground for de-enrolment for a physician to refuse to reply in good faith to a communication from the Commission.

Thank you in advance for your cooperation. I look forward to your reply.

Sincerely,



for
Bob de Faye
Chair
Medical Services Commission



May 10, 2010

Dr. Mark Godley, Medical Director
False Creek Surgical Centre
6th Floor – 555 West 8th Avenue
Vancouver BC V6H 4B1

Dear Dr. Godley:

I am writing to you as Chair of the Medical Services Commission, in connection with
s22 I wrote to you about s22 on January 26, 2010, and expressed the Commission's
concerns that the fees charged to s22 by the False Creek Surgical Centre s22 for an
s22 by s22 on s22 and s22 on the same date for a s22
s22 were for or in relation to benefits under the *Medicare Protection Act*, and therefore
prohibited under section 17 of that Act.

In my letter, I requested that you provide your position in writing on this matter by February 19, 2010, and we have not yet heard from you in response to this specific matter. I am therefore writing to request once again that you respond to my letter of January 26, this time before May 31, 2010.

Once again, I would remind you that, under section 15 of the *Medicare Protection Act*, it is a potential ground for de-enrolment for a physician to refuse to reply in good faith to a communication from the Commission.

Thank you in advance for your cooperation. I look forward to your reply.

Sincerely,

for Bob de Faye
Chair
Medical Services Commission



September 23, 2009

802686

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver, BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedure:
Date of Service:
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the MSC.

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- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} vere benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the MSC for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY

Phyllis Chuly
Executive Director
Medical Services Branch

bpc: Paddy Thistle, Benefit Services, HIBC
Legal Services Branch, Ministry of Attorney General (Musto, Falconer, Sislbe)

^{s22} Z:\Executive Director - MSB\Physician Collaboration and Priority Projects\Operations\Extra Billing
^{s22} False Creek)



False
Creek
Surgical
Centre

6th floor, 555 West 8th Avenue
Vancouver, BC Canada V5Z 1C6

604.739.9695
1.800.815.9338
604.709.9676

RECEIVED

OCT 13 2009

"The Face of Things to Come"

October 8, 2009

Phyllis Chuly
Executive Director
Medical Service Branch
Ministry of Health Services
3-1. 1515 Blanchard Street
Vancouver, BC
V8W 3C8

Re: ^{s22}

Dear Sirs:

Your letter to ^{s22} dated September 23, 2009 refers.

Please be advised that the procedure done for the abovementioned patient at False Creek Surgical Centre was a ^{s22} and therefore not an insured service.

Sincerely

Dr Mark Godley

Medical Director

CC: ^{s22}



November 13, 2009

802686

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver BC V5Z 1C6

s22

Dear Dr. Godley and^{s22} :

Thank you for your respective letters of October 8, 2009 and September 30, 2009, concerning
s22 As you know, s22 received s22 at the False Creek Surgical
Clinic on s22 which was performed by s22 False Creek Surgical Clinic
charged s22 a fee of s22 for this procedure, which included a fee for "physician
services".

Dr. Godley's reply of October 8, 2009 indicates that the False Creek Surgical Clinic was entitled to
charge this fee because, in Dr. Godley's view, the service was a s22 and
therefore not a benefit under the Medical Services Plan.

The Medical Services Branch, and the Medical Services Commission, does not agree with this
interpretation. In our view, the service provided to s22 was unquestionably a benefit,
pursuant to the Medical Services Plan and the *Medicare Protection Act*, and he should not have
been charged for it.

The BC Medical Association and the Ministry of Health Services, joint Guidelines and Protocols
Advisory Committee have set recommendations for s22 I have attached a
copy of this document to this letter. It is also available from the Internet at:
<http://www.bcguidelines.ca> s22

s22 had been s22 and had a s22
s22

s22 family physician made a referral to a specialist for s22
s22 indicates that the purpose of the operation as "s22
s22

Based on these factors, s22
The operative report prepared by
". During the

.../2

Based on these factors and applying criteria in the Guideline, the^{s22} performed on^{s22} was clearly a benefit and^{s22} should have not been charged for it since this constitutes a contravention of the prohibition on extra billing set out in section 17 of the *Medicare Protection Act*. Consequently, we reiterate our request that^{s22} be refunded^{s22}

As I described in my original letters to you dated September 23, 2009, there are a variety of legal remedies available to the Commission in respect of both physicians who are enrolled with the Medical Services Plan and other persons, such as clinics, who charge for, or in relation to, insured services. In the event that this matter is not resolved by providing^{s22} with a full refund, this situation will be brought to the attention of the Commission in order that they may consider whether further options are appropriate in the circumstances.

Thank you for your attention to this matter.

Sincerely,



Phyllis Chuly
Executive Director

Attachment



False
Creek
Surgical
Centre

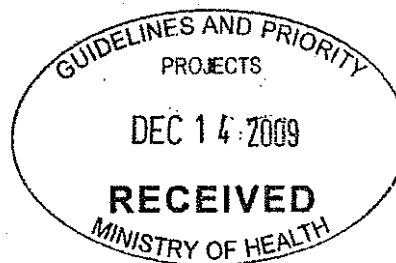
"The Face of Things to Come"

6th floor, 555 West 8th Avenue
Vancouver, BC Canada V5Z 1C6

☎ 604.739.9695

1.800.815.9338

☎ 604.709.9676



December 4, 2009

Ministry of Health Services
Medical Services Branch
3-1, 1515 Blanshard Street
Victoria, BC
V8W 3C8

Attention: Phyllis Chuly

Dear Sirs:

Re: ^{s22}

With reference to your letter dated September 23, 2009 regarding the abovementioned patient, we attach the following documentation :

- Patient Registration form
- Lifestyle Choice Acknowledgement & Waiver
- Consent Form

We would like to point out that all documentation signed by ^{s22} refers to a ^{s22} and the patient acknowledges that this was not a medically necessary procedure.

Sincerely


Dr Mark Godley

Medical Director



March 23, 2010

Dr. Mark Godley, Medical Director
False Creek Surgical Centre
6th Floor – 555 West 8th Avenue
Vancouver BC V6H 4B1

Dear Dr. Godley:

I am writing to you as Chair of the Medical Services Commission. As you may be aware, the Commission is constituted under the *Medicare Protection Act* and is responsible for the administration of the Act and the Medical Services Plan (MSP). The Commission's function is to facilitate reasonable access to quality medical care, health care and diagnostic facility services for residents of British Columbia. The purpose of the Act is to preserve a publicly managed and fiscally sustainable health care system for British Columbia in which access to necessary medical care is based on need and not on an individual's ability to pay.

The Act prohibits a person from charging a beneficiary for a benefit or for materials, consultations, procedures, the use of an office, clinic or other place or for any other matters that relate to the rendering of a benefit (extra-billing). As you are aware, the Act now allows the Commission to audit both practitioners and clinics who may have extra-billed beneficiaries. The Act also permits the Commission to seek an injunction restraining a person from extra-billing. The Commission also has the general power to make inquiries of physicians providing insured services and of persons who own, manage or operate businesses where MSP services are provided.

I am writing about a complaint that was referred to the Commission by the Medical Services Branch of the Ministry of Health Services. The complaint was made by ^{s22} who advised the Branch that ^{s22} paid False Creek Surgical Centre ^{s22} on ^{s22} for a ^{s22} to be performed on ^{s22}. There were no billings to the Medical Services Plan in connection with this service.

The Medical Services Branch has written to you about this matter, and advises that you responded by stating that the procedure was a ^{s22} and therefore not an insured service.

The Commission is of the view that the fees charged to ^{s22} are for or in relation to benefits under the *Medicare Protection Act*, and therefore prohibited under section 17 of the Act. Given ^{s22} and the fact that ^{s22} ^{s22} this ^{s22} would have been covered under the Medical Services Plan.

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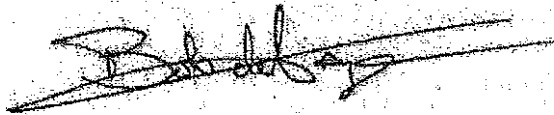
The Commission is of the view that the appropriate course of action for your clinic to take in this case would be to reimburse^{s22} for the amount^{s22} has paid, and for^{s22}, who performed the^{s22} to bill the Medical Services Plan for^{s22} services.

As described above, the Commission has a legal duty to ensure that the business arrangements at your surgical clinic comply with the Act and will, if necessary, invoke its powers to do so.

The Commission would like to offer you an opportunity to present your position in writing on this issue before it decides what further, if any, action is necessary. Accordingly, we request the courtesy of your reply no later than April 23, 2010, and remind you that, under section 15 of the *Medicare Protection Act*, it is a potential ground for de-enrolment for a physician to refuse to reply in good faith to a communication from the Commission.

Thank you in advance for your cooperation. I look forward to your reply.

Sincerely,



Bob de Faye
Chair
Medical Services Commission

pc: s22



June 29, 2010

843326

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver BC V6H 4B1

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedure:
Date of Service: s22
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission, MSP pays for insured medical services (benefits) provided to residents of British Columbia.

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There are a range of options available to the Commission in the event of a contravention of section 17. Some of these powers pertain only to physicians. However, the Lieutenant Governor in Council has recently proclaimed in effect, new powers under the Act which allow the Commission to audit the business practices of persons who carry on a business, and who the Commission believes have contravened the prohibition on extra billing. Additionally, the Commission may apply to the Supreme Court for an injunction restraining a person from contravening section 17.

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Ministry of Health Services

Medical Services Branch

Medical Services Division

3-1, 1515 Blanshard Street
Victoria BC V8W 3C8
Telephone: 250 952-1706
Facsimile: 250 952-3133

- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} were benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY:

Phyllis Chuly
Executive Director
Medical Services Branch

bpc: Debbie Watson, Supervisor, HIBC

Z:\Executive Director - MSB\Physician Collaboration and Priority Projects\Operations\Extra Billing ^{s22}
^{s22} (False Creek ^{s22})



July 9, 2010

830569

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Ave
Vancouver BC V6H 4B1

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedure:
Date of Service:
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the MSC.

There are a range of options available to the MSC in the event of a contravention of section 17. Some of these powers pertain only to physicians. However, the Lieutenant Governor in Council has recently proclaimed in effect, new powers under the Act which allow the MSC to audit the business practices of persons who carry on a business, and who the MSC believes have contravened the prohibition on extra billing. Additionally, the MSC may apply to the Supreme Court for an injunction restraining a person from contravening section 17.

.../2

Ministry of Health Services

Medical Services Branch

Medical Services Division

3-1, 1515 Blanshard Street
Victoria BC V8W 3C8
Telephone: 250 952-1706
Facsimile: 250 952-3133

- 2 -

In view of the fact that the services received by^{s22} on^{s22} were benefits, it seems that^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the MSC for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY:

Phyllis Chuly
Executive Director
Medical Services Branch

Bpc: Wanda Lee, Supervisor, Benefit Services, HIBC,

Z:\Executive Director - MSB\Physician Collaboration and Priority Projects\Operations\Extra Billing^{s22}
^{s22} False Creek)



February 2, 2011

870206

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Avenue
Vancouver BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedures:
Dates of Service:
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the Commission.

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- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} and ^{s22} appear to have been benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22}, as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY

Phyllis Chuly
Executive Director
Medical Services Branch



February 4, 2011

870517

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Avenue
Vancouver BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedures:
Dates of Service
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the Commission.

There are a range of options available to the Commission in the event of a contravention of section 17. Some of these powers pertain only to physicians. However, the Lieutenant Governor in Council has recently proclaimed in effect, new powers under the Act which allow the MSC to audit the business practices of persons who carry on a business, and who the Commission believes have contravened the prohibition on extra billing. Additionally, the MSC may apply to the Supreme Court for an injunction restraining a person from contravening section 17.

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- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} and ^{s22} were benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

ORIGINAL SIGNED BY

Phyllis Chuly
Executive Director
Medical Services Branch



March 25, 2011

875159

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Avenue
Vancouver BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedure:
Dates of Service:
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

s22 is an MSP benefit, as medically necessary, when patients are symptomatic and also when s22 or pathology is found. s22 are also benefits of MSP when an average, moderate, or high risk asymptomatic patient presents. The BC Medical Association and the Ministry of Health, joint Guidelines and Protocols Advisory Committee have set recommendations for s22 Please see:
<http://www.bcguidelines.ca/gpac/pd> s22

In the case of s22
s22 which warranted a s22 and s22 family physician made a referral to a specialist for this s22 The operative report indicates that a s22 was found during the s22

.../2

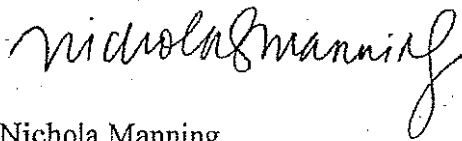
Based on these factors and applying criteria in the Guideline, the ^{s22} performed on ^{s22} was clearly a benefit and ^{s22} should not have been charged for it since this constitutes a contravention of the prohibition on extra billing set out in section 17 of the Act. Consequently, we request that ^{s22} be refunded ^{s22} within 30 days of receipt of this letter.

There are a range of options available to the MSC in the event of a contravention of section 17. Some of these powers pertain only to physicians. However, the Lieutenant Governor in Council has recently proclaimed in effect, new powers under the Act which allow the MSC to audit the business practices of persons who carry on a business, and who the Commission believes have contravened the prohibition on extra billing. Additionally, the MSC may apply to the Supreme Court for an injunction restraining a person from contravening section 17.

In the event that this matter is not resolved by providing ^{s22} with a full refund, this situation will be brought to the attention of the MSC in order that they may consider whether further options are appropriate in the circumstances.

Thank you in advance for your cooperation in this matter.

Sincerely,



Nichola Manning
Executive Director
Medical Services Branch



The Best Place on Earth

March 25, 2011

875174

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Avenue
Vancouver BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedures:
Dates of Service:
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the Commission.

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In view of the fact that the services received by ^{s22} on ^{s22} appear to have been benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,



Nichola Manning
Executive Director
Medical Services Branch



April 29, 2011

878845

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Avenue
Vancouver BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedures:
Date of Service: s22
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the Commission.

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- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} were benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,



Nichola Manning
Executive Director
Medical Services Branch



July 14, 2011

888347

Dr. Mark Godley
Medical Director
False Creek Surgical Centre
6th Floor, 555 West 8th Avenue
Vancouver BC V5Z 1C6

Dear Dr. Godley:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedures:
Dates of Service: s22
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the Commission.

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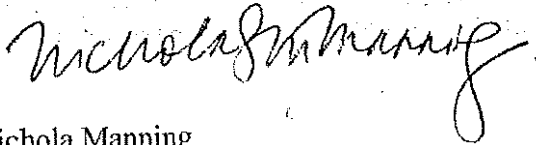
- 2 -

In view of the fact that the services received by ^{s22} on ^{s22} and ^{s22} were benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,



Nichola Manning
Executive Director
Medical Services Branch



February 6, 2012

917362

Dr. David Malm
Medical Director
False Creek Healthcare Centre
555 – West 8th Avenue
Vancouver BC V5Z 1C6

Dear Dr. Malm:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary: s22
PHN:
Procedure(s):
Date of service:
Amount Paid by Beneficiary: s22

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the Commission.

There are a range of options available to the Commission in the event of a contravention of section 17. Some of these powers pertain only to physicians. However, the Lieutenant Governor in Council has recently proclaimed in effect, new powers under the Act which allow the Commission to audit the business practices of persons who carry on a business, and who the Commission believes have contravened the prohibition on extra billing.

...2

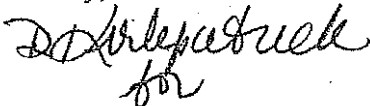
Additionally, the Commission may apply to the Supreme Court for an injunction restraining a person from contravening section 17.

In view of the fact that the services received by ^{s22} on ^{s22} appear to have been benefits, it seems that ^{s22} should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to ^{s22} as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Stephanie Power", with a small "for" written below it.

Stephanie Power
A/Executive Director



December 17, 2010

860231

Ms. Gigi Mandy
Director, Strategic Policy Branch
Canada Health Act Division
Health Canada
6th Floor, Jeanne Mance Building
200 Eglantine Driveway, Tunney's Pasture
Postal Locator 1906C
Ottawa ON K1A 0K9

FAXED
DEC 17 2010

Dear Ms. Mandy:

I am writing in response to the letter of November 15, 2010, from Ms. Glenda Yeates, Deputy Minister, Health Canada, addressed to Mr. John Dyble, Deputy Minister, British Columbia Ministry of Health Services. I apologize for the delay in responding.

As requested, attached is a report from British Columbia on known amounts charged with respect to extra billing and user charges during the period April 1, 2008, to March 31, 2009, including an explanation of the method used to determine these amounts.

Please do not hesitate to contact me should you require further information.

Yours truly,


Sheila Taylor
Assistant Deputy Minister

Attachments

CANADA HEALTH ACT

**ACTUAL AMOUNTS OF EXTRA-BILLING AND USER CHARGES
FOR THE PERIOD APRIL 1, 2008 TO MARCH 31, 2009**

1. EXTRA-BILLING

Amount actually charged in the province through extra-billing by physicians and dentists in respect of insured services.

\$ 7,252.50

Explanatory Note:

According to investigation of complaints received from patients.

2. USER CHARGES (including FACILITY FEES)

- 1) Amount actually charged in the province in respect of user charges associated with insured hospital services, as per the definition of "hospital" and "hospital services" in the *Act*.

\$ Nil

N.B. Charges may be levied for accommodation and meal costs related to a patient who, in the opinion of the attending physician, is a permanent resident in a hospital or other chronic care institution as per the limitation of Section 19 (2). Charges related to this limitation should not be included in the financial statement.

- b) Amount actually charged in the province in respect of user charges for insured services provided by a physician in a clinic, as defined by the federal private clinics policy.

\$ 67,883.85

Explanatory Note:

According to investigation of complaints received from patients.

TOTAL FOR EXTRA BILLING AND USER CHARGES

\$ 75,136.35

I certify that the above information is submitted in compliance with Sections 20(1) and 20(2) of the *Canada Health Act* and has been prepared in conformity with that Act and applicable provincial legislation.

Date: _____

Signature: _____

Name: _____

Title: _____

Telephone: _____

[illegible]

VCHA Not Responsive

VCHA

VCHA
VCHA

VIIHA

VIHA

VCHA

FHA
FHA

NHA
VCHA

VCHA

VIHA

VIHA

IHA

IHA

HA

VCHA
NHA

| | | | |
|--------|-------------|-------------|------------|
| TOTAL: | \$75,136.35 | \$67,883.85 | \$7,252.50 |
|--------|-------------|-------------|------------|



901675

NOV 14 2011

Ms. Gigi Mandy
Director, Strategic Policy Branch
Canada Health Act Division
Health Canada
6th Floor, Jeanne Mance Building
200 Eglantine Driveway, Tunney's Pasture
Postal Locator 1906C
Ottawa ON K1A 0K9

Dear Ms. Mandy:

I am writing in response to the letter of October 21, 2011, from Ms. Glenda Yeates, Deputy Minister, Health Canada, addressed to Mr. Graham Whitmarsh, Deputy Minister, British Columbia Ministry of Health.

As requested, attached is a report from British Columbia on known amounts charged with respect to extra billing and user charges during the period April 1, 2009, to March 31, 2010, including an explanation of the method used to determine these amounts.

Please do not hesitate to contact me should you require further information.

Yours truly,

A handwritten signature in dark ink, appearing to read "Sheila A. Taylor".

Sheila A. Taylor
Assistant Deputy Minister

Attachment

CANADA HEALTH ACT

ACTUAL AMOUNTS OF EXTRA-BILLING AND USER CHARGES
FOR THE PERIOD APRIL 1, 2009 TO MARCH 31, 2010

1. EXTRA-BILLING

Amount actually charged in the province through extra-billing by physicians and dentists in respect of insured services.

\$ 40.00

Explanatory Note:

2. USER CHARGES (including FACILITY FEES)

- a) Amount actually charged in the province in respect of user charges associated with insured hospital services, as per the definition of "hospital" and "hospital services" in the Act.

\$ 0

N.B. Charges may be levied for accommodation and meal costs related to a patient who, in the opinion of the attending physician, is a permanent resident in a hospital or other chronic care institution as per the limitation of Section 19 (2). Charges related to this limitation should not be included in the financial statement.

- b) Amount actually charged in the province in respect of user charges for insured services provided by a physician in a clinic, as defined by the federal private clinics policy.

\$ 33,179.00

Explanatory Note:

TOTAL FOR EXTRA BILLING AND USER CHARGES

\$ 33,219.00

I certify that the above information is submitted in compliance with Sections 20(1) and 20(2) of the Canada Health Act and has been prepared in conformity with that Act and applicable provincial legislation.

Date: Nov 14, 2011

Signature:

Sheila Taylor

Name:

Sheila Taylor

Title:

Assistant Deputy Minister

Province/Territory:

British Columbia

Telephone:

250-952-3465

STRICTLY CONFIDENTIAL
Alleged Extra Billing/User Charges for 2009/10

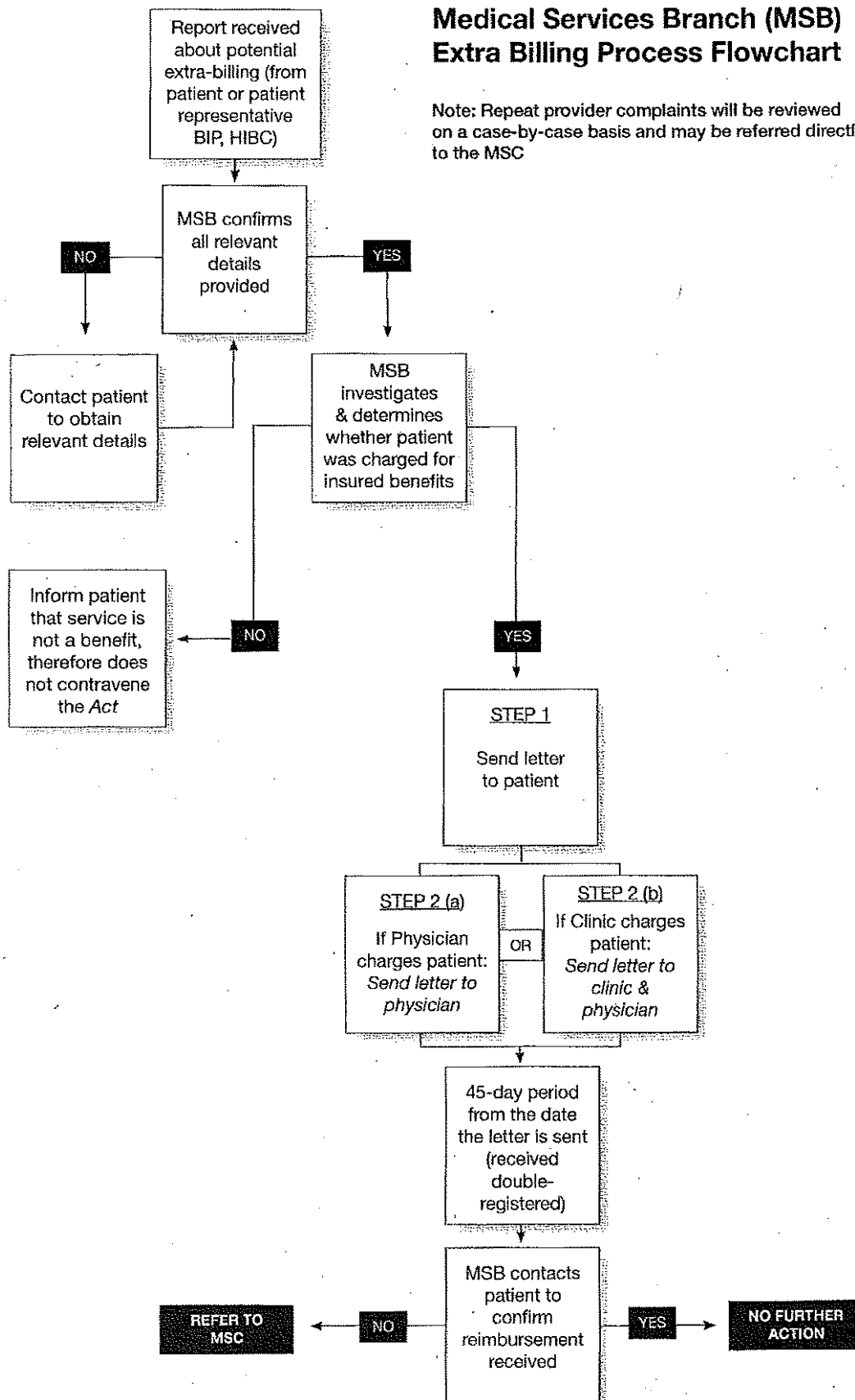
| File # | Home HA | Service / Procedure | D.O.S. (vv/mm/dd) | Facility | User Charge Clinics | Extra Billing Phys |
|--------|------------|---------------------|-------------------|----------|---------------------------|--------------------------|
| s22 | NHA | Not Responsive | | | | |
| | FHA | | | | | |
| | VCHA | | | | | 40 |
| | IHA | | | | | |
| | VCHA | | | | | |
| | FHA | | | | | |
| | FHA | | | | | |
| | VCHA | | | | | |
| | VCHA | | | | | |
| | IHA | | | | | |
| TOTAL | | | | | \$33,179 | \$40 |

Medical Services Branch (MSB) Extra Billing Process Flowchart

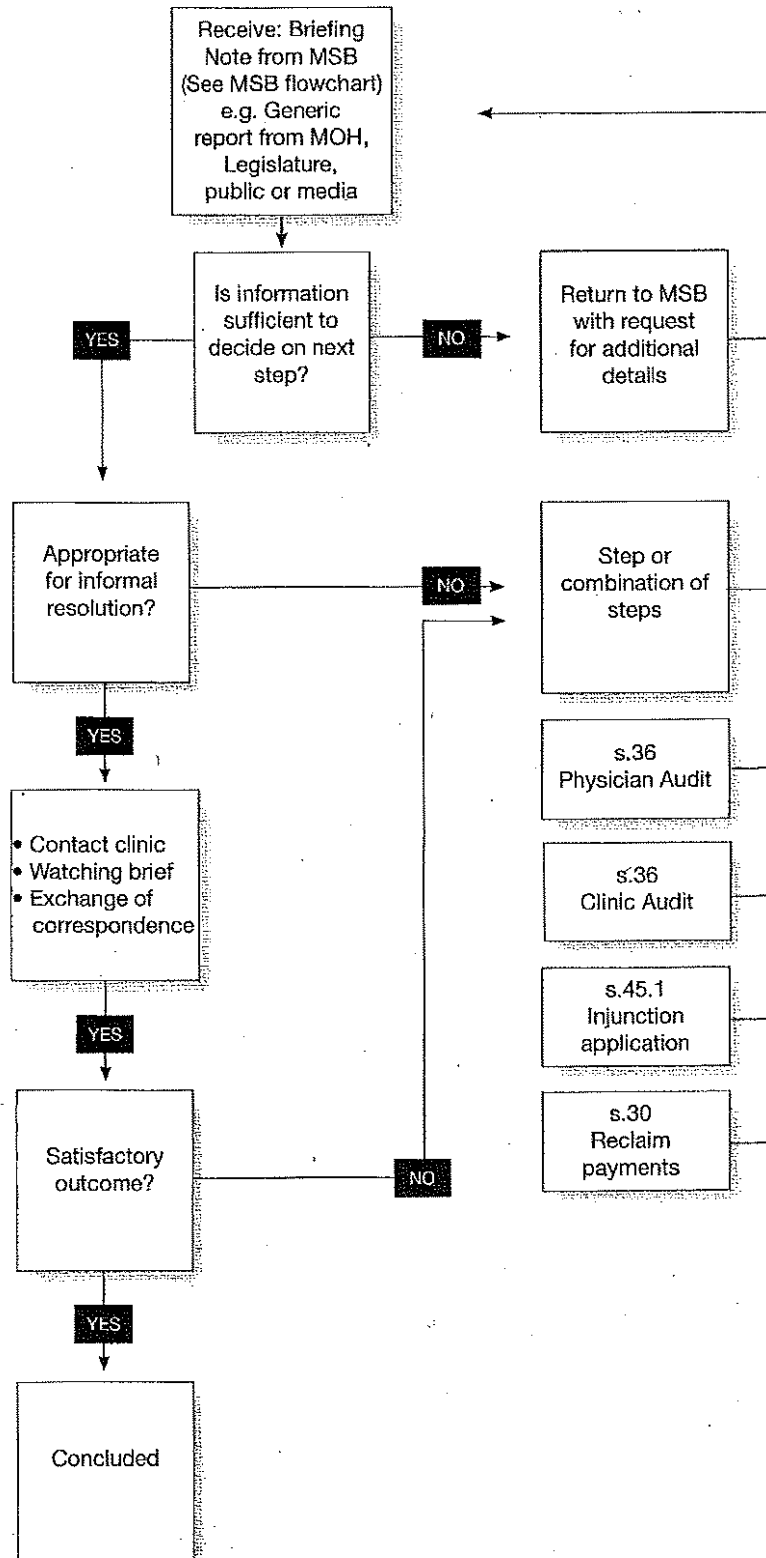


Ministry of
Health

Note: Repeat provider complaints will be reviewed on a case-by-case basis and may be referred directly to the MSC



Medical Services Commission (MSC) Extra Billing Process Flowchart





Date

Cliff #

Name

Address

City Province Postal code

Dear PATIENT:

Thank you for your letter of _____, concerning charges you paid in return for services you received from _____ at the _____ on _____.

Operating under the authority of the *Medicare Protection Act* (the Act), and the direction of the Medical Services Commission, the Medical Services Plan (MSP) pays for insured medical services (benefits) provided to residents of British Columbia. The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. In general, patients (or their representatives) must not be charged for benefits. The Act also prohibits anyone from charging patients for "*materials, consultations, procedures, use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit*" unless specifically permitted by the Medical Services Commission.

Based on the information you have provided, it appears the services you received on _____, were MSP benefits and you should not have been charged in relation to them. In light of this, I will send a request to the physician for a refund to you of any inappropriate charges. I will then contact you after 45 days to determine if you have received your refund.

The Government of British Columbia is committed to upholding the principles of the *Medicare Protection Act* and to our publicly funded health care system, in which access to medically necessary services is based on a patient's clinical need rather than his or her ability to pay.

Sincerely,

Stephanie Power
Executive Director



Date

Cliff #

Physician Name

Address

City Province Postal code

Dear Dr. _____:

The Medical Services Branch has received information indicating you provided insured services to a Medical Services Plan (MSP) beneficiary at the _____, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary:

PHN:

Procedure:

Date of Service:

Amount Paid by Beneficiary:

Operating under the authority of the *Medicare Protection Act* (the Act), and the direction of the Medical Services Commission, MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary [or a beneficiary's representative] for a benefit or for materials, consultations, procedures, the use of an office, clinic or other place or for any other matters that relate to the rendering of a benefit unless the charges are specifically authorized under the Act, regulations or by the Commission.

There are a range of options available to the Commission in the event of a contravention of section 17. The Act allows the Commission to assess and withhold payment for claims submitted by practitioners in cases of non-compliance. The Commission may also cancel a practitioner's enrolment for cause (which includes unlawful extra billing) for a period of time if the Commission determines that section 17 has been contravened. Also, you should be aware that the Act allows the Commission to apply to the Supreme Court for an injunction restraining a person from contravening section 17.

...2

In view of the fact that the services received by [patient] on [date] [were/appear to have been] benefits, it seems that [patient] should not have been charged a fee for those services or for any matter relating to the services.

In light of this information, I ask that you please review the details of the services you provided to [PATIENT], as well as any related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

Stephanie Power
Executive Director
Medical Services Branch



Date

Cliff #

Clinic Name/Medical Director
Address
City Province Postal code

Dear CLINIC MEDICAL DIRECTOR:

The Medical Services Branch has received information indicating insured services were provided at your clinic to a Medical Services Plan (MSP) beneficiary, and that the beneficiary was charged in relation to these services. The details are as follows:

Beneficiary:

PHN:

Procedure:

Date of service:

Amount Paid by Beneficiary:

Operating under the authority of the *Medicare Protection Act* (the Act) and the direction of the Medical Services Commission (MSC), MSP pays for insured medical services (benefits) provided to residents of British Columbia.

The Act establishes rules regarding billing for services provided by physicians who are enrolled with MSP. Specifically, section 17 of the Act, expressly prohibits a person from charging a beneficiary (or a beneficiary's representative) for a benefit or for materials, consultations, procedures, the use of an office, clinic, or other place, or for any other matters that relate to the rendering of a benefit, unless the charges are specifically authorized under the Act, regulations or by the Commission.

There are a range of options available to the Commission in the event of a contravention of section 17. The Act allows the Commission to audit both practitioners and clinics who may have extra billed beneficiaries, and to seek an injunction restraining a person from extra billing. The Commission also has the general power to make inquiries of physicians providing insured services and of persons who own, manage or operate businesses where MSP services are provided.

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In view of the fact that the services received by [PATIENT] on [DATE] [were / appear to have been] benefits, it seems that [PATIENT] should not have been charged a fee for those services or for any matter relating to the service.

In light of this information, I ask that you review the details of the services provided to [PATIENT], as well as the related charges for these services, and ensure that any charges not permitted under the Act are refunded to the payer within 30 days of receipt of this letter. If this does not occur, this matter will be referred to the Medical Services Commission for their review and possible action.

Thank you in advance for your cooperation in this matter.

Sincerely,

Stephanie Power
Executive Director



Date

Cliff #

Name

Address

City Province Postal code

Dear PATIENT 45 DAY FOLLOW-UP:

I am following up on our letter to you dated [.....] regarding charges you paid in relation to services you received from Dr. [] on [.....].

We sent a letter to the physician/clinic requesting a refund to you of the fees you paid. Could you please let us know if you have received your refund by providing the following information and returning this letter to us?

1. Did you receive a refund?

Yes _____ No _____

2. If yes, how much did you receive?

\$ _____

If responding by mail, please return this letter to my attention at:

Medical Services Branch
Ministry of Health
3-1, 1515 Blanshard Street
Victoria BC V8W 3C8

If you would rather respond by email, please provide the above information in an email and send it to: MEDSERVE@gov.bc.ca.

While the Ministry of Health and the Medical Services Commission does not have the authority to reimburse you for privately paid services, if you have not received a refund from the clinic or physician, I will refer the matter to the Medical Services Commission for their review and possible action concerning the physician's and clinic's billing practices.

Thank you for your attention to this letter.

Sincerely,

Stephanie Power
Executive Director



Date

Clinic Name/Medical Director

Address

City Province Postal Code

Dear CLINIC MEDICAL DIRECTOR:

I am writing to you as Chair of the Medical Services Commission. As you may be aware, the Commission is constituted under the *Medicare Protection Act* and is responsible for the administration of the Act and the Medical Services Plan (MSP). The Commission's function is to facilitate reasonable access to quality medical care, health care and diagnostic facility services for residents of British Columbia. The purpose of the Act is to preserve a publicly managed and fiscally sustainable health care system for British Columbia in which access to necessary medical care is based on need and not on an individual's ability to pay.

The Act prohibits a person from charging a beneficiary for a benefit or for materials, consultations, procedures, the use of an office, clinic or other place or for any other matters that relate to the rendering of a benefit (extra-billing). As you are aware, the Act now allows the Commission to audit both practitioners and clinics who may have extra-billed beneficiaries. The Act also permits the Commission to seek an injunction restraining a person from extra-billing. The Commission also has the general power to make inquiries of physicians providing insured services and of persons who own, manage or operate businesses where MSP services are provided.

I am writing about a complaint that was referred to the Commission by the Medical Services Branch of the Ministry of Health. The complaint was made by XXXX, who advised the Branch that he/she paid XXXX Clinic \$X on (date), for a PROCEDURE performed on (date).

The Medical Services Branch has written to you about this matter, and did not receive a satisfactory response.

The Commission is of the view that the fees charged to XXXX are for or in relation to benefits under the *Medicare Protection Act*, and therefore prohibited under section 17 of the Act.

The Commission is of the view that the appropriate course of action for your clinic to take in this case would be to reimburse XXXX for the amount he/she has paid, and for Dr. XXXX, who performed the procedure, to bill the Medical Services Plan for his/her services.

.../2

As described above, the Commission has a legal duty to ensure that the business arrangements at your clinic comply with the Act and will, if necessary, invoke its powers to do so.

The Commission would like to offer you an opportunity to present your position in writing on this issue before it decides what further, if any, action is necessary. Accordingly, we request the courtesy of your reply no later than (date), and remind you that, under section 15 of the *Medicare Protection Act*, it is a potential ground for de-enrolment for a physician to refuse to reply in good faith to a communication from the Commission.

Thank you in advance for your cooperation. I look forward to your reply.

Sincerely,

Chair
Medical Services Commission